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☐ Applicant claims small entity status. See 37 CFR 1.27

Complete if Known				
Application Number	10/572,695			
Filing Date	3/21/06			
First Named Inventor	David Lowell Mcneety			
Examiner Name	Qutbuddin Ghulamati			
Art Unit	2611			
	DUIGGOOGE			

TOTAL AMOUNT C	PAYMEN	r (\$) 810.6		Attorney Docket No.	P0030265		
METHOD OF PAYMENT	(check all that a	oply)					
Check Cr		☐ Money O	rder	☐ None	Other (p	lease identify):	
Deposit Accour	nt: Deposit Ac	count Number 07-	0832	Deposit Account I	Name:	THOMSON LICENSI	NG LLC
I	•		Director is here	by authorized to: (che			
⊠ Charge fe			4	. = -	• •	•	t for the filing fee
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FEE CALCULATION				·• = • ·			
1. BASIC FILING, SE							
	FILING	FEES Small Entity	SEAF	RCH FEES Small Entity	EXAMIN	NATION FEES Small E	ntity
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	10001 010 (0)
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
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2. EXCESS CLAIM F	EES					Small E	
Fee Description					_	ee (\$)	Fee (\$)
Each claim over 20 (incl	-	•			-	60 .00	25 _ 100
Each independent claim Multiple dependent claim		ng Reissues)		*	_	.60	180
Total Claims		tra Claims	Fee (\$)	Fee Paid (\$)	_	fultiple Depende	
	or HP =		x	=	_	ee (\$)	Fee Paid (\$)
HP = highest number of	total claims pa	id for, if greater th	an 20.				
Independent Claims	F:	ctra Claims	Fee (\$)	Fee Paid (\$)	_		
	or HP =		x	=			
HP = highest number of	independent c	aims paid for, if g	reater than 3.				
3. APPLICATION SIZ	ZE FEE						
If the specification an	d drawings e	xceed 100 shee	ets of paper (ex	cluding electronically	filed sequenc	e or computer	
listings under 37 CFF sheets or fraction the					tity) for each a	additional 50	
Total Sheets	Extra Sh	ieets <u>N</u> i	umber of each	additional 50 or fra	ction thereof	Fee (\$)	Fee Paid (\$)
- 100 =		/ 50 =	(ro	und up to a whole nu	mber) x		_ =
4. OTHER FEE(S)							Fees Pald (\$)
RCE Fee							\$810.00
Other/or 1-1-5"	ausahassa)						
Other (e.g., late filing	surcnarge):						

SUBMITTED BY					
Name (Print/Type)	Vincent E. Duffy	Registration No. (Attorney/Agent)	39,964	Telephone	818-260-4599
Signature	Muns	Yells		Date	11/05/10

NOV 0 8 2010 W

Effective on 12/08/2004.

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Attorney Docket No.	PU030265			

TOTAL AMOUNT C	F PAYMENT	(\$) 81	0.00	Attorney Dock	et No. PU0	30265		
METHOD OF PAYMENT (check all that apply)								
Customer Number 24498 Credit card Money Order Other (please identify): Other (please identify):								
Deposit Account: Deposit Account Number 97-0832 Deposit Account Name: THOMSON LICENSING LLC For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
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FEE CALCULATION								
1. BASIC FILING, SE					_	VAMINATION		
	FILING FE <u>S</u>	:ES mall Entity		CH FEES Small Ent		XAMINATION I	Small En	tity
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Design	200	100	100	50	13	0	65	
Plant	200	100	300	150	16	0	80	
Reissue	300	150	500	250	60	0	300	
Provisional	200	100	0	0	0	1	0	
2. EXCESS CLAIM F	EES						Small Er	ntity
Fee Description						Fee (\$)		Fee (\$)
Each claim over 20 (inch	•					50		25 _
Each independent claim		Reissues)				200		100
Multiple dependent clain Total Claims		ra Claims	Fee (\$)	Fee Paid (\$)		360 Multiple	Depender	180 nt Claims
	or HP =	u Oldiilio	x =	=		Fee (\$)		Fee Paid (\$)
HP = highest number of	total claims paid	for, if greater	than 20.					
Independent Claims		ra Claims	Fee (\$)	Fee Paid (\$)				
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Signature	Mun	Yells		Date	11/05/10